PINE VALLEY HEALTHCARE/REHABILITATION

25951 CIRCLE VIEW DRIVE

RI CHLAND CENTER 53581 Phone: (608) 647-2138 Operated from 1/1 To 12/31 Days of Operation: 365 Operate in Conjunction with Hospital? Number of Beds Set Up and Staffed (12/31/01): 111 Total Licensed Bed Capacity (12/31/01): 120 Number of Residents on 12/31/01: 108

Ownershi p: County Skilled Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Yes Title 19 (Medicaid) Certified? Yes Average Daily Census: 107 ********************** ***********************

| Services Provided to Non-Residents | | Age, Sex, and Primary Diagn | osis of | Residents (12/3 | 1/01) | Length of Stay (12/31/01) | % |
|------------------------------------|------|------------------------------|---------|-----------------|--------|---------------------------|----------------------|
| Home Health Care | No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | 41. 7 |
| Supp. Home Care-Personal Care | No | | | | | 1 - 4 Years | 33. 3 |
| Supp. Home Care-Household Services | | Developmental Disabilities | 0. 9 | Under 65 | 2.8 | More Than 4 Years | 25. 0 |
| Day Services | No | Mental Illness (Org./Psy) | 19. 4 | 65 - 74 | 8. 3 | | |
| Respite Care | Yes | Mental Illness (Other) | 1. 9 | 75 - 84 | 37. 0 | | 100. 0 |
| Adult Day Care | Yes | Alcohol & Other Drug Abuse | 0. 0 | 85 - 94 | 45. 4 | ******** | ***** |
| Adult Day Health Care | Yes | Para-, Quadra-, Hemi plegi c | 0. 0 | 95 & 0ver | 6. 5 | Full-Time Equivalen | t |
| Congregate Meals | No | Cancer | 3. 7 | ĺ | | Nursing Staff per 100 Re | si dents |
| Home Delivered Meals | No | Fractures | 5. 6 | | 100.0 | (12/31/01) | |
| Other Meals | No | Cardi ovascul ar | 9. 3 | 65 & 0ver | 97. 2 | | |
| Transportati on | No | Cerebrovascul ar | 13. 9 | | | RNs | 16. 4 |
| Referral Service | No | Di abetes | 4. 6 | Sex | % | LPNs | 6. 2 |
| Other Services | No | Respi ratory | 6. 5 | | Ì | Nursing Assistants, | |
| Provi de Day Programming for | | Other Medical Conditions | 34. 3 | Male | 26. 9 | Ai des, & Orderl i es | 54 . 5 |
| Mentally Ill | No | | | Femal e | 73. 1 | | |
| Provi de Day Programming for | i | | 100. 0 | | j | | |
| Developmentally Disabled | No | | | | 100. 0 | | |
| ********** | **** | ********* | ***** | ****** | ****** | ********** | ***** |

Method of Reimbursement

| | | ledicare litle 18 | | | edicaid itle 19 | | | 0ther | | | Pri vate Pay | : | | Family Care | | | anaged Care | | | |
|--------------------|------|----------------------|----------------------|-----|--------------------|----------------------|-----|-------|----------------------|-----|-----------------|----------------------|-----|----------------|----------------------|-----|----------------|----------------------|--------------------------|----------------|
| Level of Care | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | Total Resi - dents | % Of All |
| Int. Skilled Care | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0.0 | 0 | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0.0 | 0 | 0 | 0. 0 |
| Skilled Care | 14 | 100.0 | 236 | 56 | 98. 2 | 103 | 0 | 0.0 | 0 | 23 | 92. 0 | 133 | 12 | 100. 0 | 103 | 0 | 0.0 | 0 | 105 | 97. 2 |
| Intermedi ate | | | | 1 | 1.8 | 84 | 0 | 0.0 | 0 | 2 | 8. 0 | 114 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 3 | 2.8 |
| Limited Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0. 0 |
| Personal Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0. 0 |
| Residential Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0. 0 |
| Dev. Di sabl ed | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0. 0 |
| Traumatic Brain In | j 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0. 0 |
| Ventilator-Depende | nt 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0. 0 |
| Total | 14 | 100.0 | | 57 | 100.0 | | 0 | 0.0 | | 25 | 100.0 | | 12 | 100. 0 | | 0 | 0.0 | | 108 | 100.0 |

PINE VALLEY HEALTHCARE/REHABILITATION

County: Ri chl and

| Deaths During Reporting Period | <u> </u> | | | | | | |
|--------------------------------|----------|----------------------|--------------|-------|------------------|-------------------------|------------|
| | | | | | % Needi ng | | Total |
| Percent Admissions from: | | Activities of | % | As | sistance of | % Totally | Number of |
| Private Home/No Home Health | 4. 3 | Daily Living (ADL) | Independent | 0ne | Or Two Staff | Dependent | Resi dents |
| Private Home/With Home Health | 0.6 | Bathi ng | 0. 0 | | 65. 7 | 34. 3 | 108 |
| Other Nursing Homes | 2.4 | Dressi ng | 2.8 | | 72. 2 | 25. 0 | 108 |
| Acute Care Hospitals | 91.5 | Transferring | 15. 7 | | 60. 2 | 24. 1 | 108 |
| Psych. HospMR/DD Facilities | 0.6 | Toilet Use | 13. 0 | | 62. 0 | 25. 0 | 108 |
| Reĥabilitation Hospitals | 0.0 | Eati ng | 61. 1 | | 34. 3 | 4. 6 | 108 |
| Other Locations | 0.6 | ********* | ****** | ***** | ************ | ******* | ******* |
| Total Number of Admissions | 164 | Conti nence | | % | Special Treatmen | nts | % |
| Percent Discharges To: | ' | Indwelling Or Extern | al Catheter | 3. 7 | Recei vi ng Res | piratory Care | 8. 3 |
| Private Home/No Home Health | 29.6 | Occ/Freq. Incontinen | t of Bladder | 48. 1 | | cheostomy Care | 0. 0 |
| Private Home/With Home Health | 18. 9 | Occ/Freq. Incontinen | | 22. 2 | Receiving Suct | ti oni ng | 0. 0 |
| Other Nursing Homes | 3. 1 | • | | | Receiving Ost | omy Care | 0. 0 |
| Acute Care Hospitals | 7. 5 | Mobility | | | Recei vi ng Tub | | 2.8 |
| Psych. HospMR/DD Facilities | 1. 9 | Physically Restraine | d | 2.8 | | hanically Altered Diets | 29.6 |
| Rehabilitation Hospitals | 0. 6 | i j | | | 8 | 3 | |
| Other Locations | 8. 2 | Skin Care | | | Other Resident | Characteri sti cs | |
| Deaths | 30. 2 | With Pressure Sores | | 1. 9 | Have Advance | Di recti ves | 64. 8 |
| Total Number of Discharges | | With Rashes | | 1. 9 | Medi cati ons | | |
| (Including Deaths) | 159 | | | | | choactive Drugs | 53. 7 |

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

************************************* Ownership: Bed Size: Li censure: Government 100-199 Skilled Al l Thi s Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 89.0 87. 7 1.01 83. 5 1.07 84. 4 1.05 84.6 1.05 Current Residents from In-County 88.9 76. 7 1. 16 79. 2 1. 12 75. 4 1. 18 77. 0 1. 15 Admissions from In-County, Still Residing 23.8 28. 2 0.84 22. 5 1. 06 22. 1 1.08 20.8 1.14 Admissions/Average Daily Census 153.3 91.3 1.68 125. 7 1. 22 118. 1 1.30 128. 9 1. 19 Discharges/Average Daily Census 148.6 92.8 1.60 127. 5 1. 17 118. 3 1.26 130. 0 1. 14 Discharges To Private Residence/Average Daily Census 72.0 32. 9 2.18 51. 5 1.40 46. 1 1.56 52. 8 1. 36 Residents Receiving Skilled Care 97. 2 90.8 1.07 91. 5 1. 06 91.6 1.06 85. 3 1. 14 Residents Aged 65 and Older 97. 2 88.8 1. 10 94. 7 1.03 94. 2 87. 5 1. 11 1.03 Title 19 (Medicaid) Funded Residents 52.8 67.9 0.78 72. 2 0.73 69.7 0.76 68. 7 0.77 Private Pay Funded Residents 23. 1 18.6 21. 2 22. 0 1. 05 19. 7 1. 17 1. 25 1.09 Developmentally Disabled Residents 0.9 0.8 1. 16 1. 29 0.8 7. 6 0. 12 0. 7 1. 18 Mentally Ill Residents 21.3 46. 1 0.46 35. 8 0. 59 39. 5 0.54 33. 8 0.63 General Medical Service Residents 34. 3 14.8 2.31 16. 9 2.03 16. 2 2. 11 19.4 1.76 49.3 1.06 Impaired ADL (Mean) 52.4 49.7 1.05 48. 2 1.09 48. 5 1.08 Psychological Problems 53. 7 56. 1 0.96 48. 7 1. 10 50.0 1.07 51. 9 1. 04 Nursing Care Required (Mean) 6. 9 0. 80 7.3 0.76 5. 6 6. 7 0.83 7.0 0. 79